

APPROVED

for

ress Mail No.: EV 318425318 US

PTO DEPOSIT ACCOUNT CHARGE

Deposited: 07/01/2003

ACCOUNT#04-1700

PTO/SB/17 (10-02)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

DUNLAP CODDING & ROGERS, P.C.

FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$) 1,182

Complete if Known

Application Number	Not Yet Assigned
Filing Date	07/01/2003
First Named Inventor	Donald E. Weder
Examiner Name	Not Yet Assigned
Art Unit	Not Yet Assign
Attorney Docket No.	8403.922

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

 Deposit
Account
Number
Deposit
Account
Name

04-1700

Dunlap, Coddling & Rogers, P.C.
Customer No. 30589

The Commissioner is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge any additional fee(s) during the pendency of this application

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001 750	2001 375	Utility filing fee	750
1002 330	2002 165	Design filing fee	
1003 520	2003 260	Plant filing fee	
1004 750	2004 375	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
SUBTOTAL (1)			(\$) 750

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
30	20** = 10	18	\$180
6	3** = 3	84	\$252
Multiple Dependent			\$0

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
1202 18	2202 9	Claims in excess of 20
1201 84	2201 42	Independent claims in excess of 3
1203 280	2203 140	Multiple dependent claim, if not paid
1204 84	2204 42	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)

(\$) 432

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 65	Surcharge - late filing fee or oath	
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
1053 130	1053 130	Non-English specification	
1812 2,520	1812 2,520	For filing a request for <i>ex parte</i> reexamination	
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	
1251 110	2251 55	Extension for reply within first month	
1252 410	2252 205	Extension for reply within second month	
1253 930	2253 465	Extension for reply within third month	
1254 1,450	2254 725	Extension for reply within fourth month	
1255 1,970	2255 985	Extension for reply within fifth month	
1401 320	2401 160	Notice of Appeal	
1402 320	2402 160	Filing a brief in support of an appeal	
1403 280	2403 140	Request for oral hearing	
1451 1,510	1451 1,510	Petition to institute a public use proceeding	
1452 110	2452 55	Petition to revive - unavoidable	
1453 1,300	2453 650	Petition to revive - unintentional	
1501 1,300	2501 650	Utility issue fee (or reissue)	
1502 470	2502 235	Design issue fee	
1503 630	2503 315	Plant issue fee	
1460 130	1460 130	Petitions to the Commissioner	
1807 50	1807 50	Processing fee under 37 CFR 1.17(q)	
1806 180	1806 180	Submission of Information Disclosure Stmt	
8021 40	8021 40	Recording each patent assignment per property (times number of properties)	
1809 750	2809 375	Filing a submission after final rejection (37 CFR 1.129(a))	
1810 750	2810 375	For each additional invention to be examined (37 CFR 1.129(b))	
1801 750	2801 375	Request for Continued Examination (RCE)	
1802 900	1802 900	Request for expedited examination of a design application	

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$) 0

SUBMITTED BY

(Complete if applicable)

Name (Print/Type)	Kathryn L. Hester, Ph.D.	Registration No. (Attorney/Agent)	46,768	Telephone	(405) 607-8600
Signature		Date	07/01/2003		

 Mail Stop - Patent Application
 Commissioner for Patents

SEND TO:

P.O. Box 1450, Alexandria, VA 22313-1450

 14042 U.S. PTO
 06/30/03

Express Mail No.: EV 318425318 US

Date Deposited: 07/01/2003

PTO/SB/06 (08-00)
Approved for use through 10/31/2002. OMB 0651-0032
U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD					Application or Docket Number 8403.922	
CLAIMS AS FILED - PART I					SMALL ENTITY OR OTHER THAN SMALL ENTITY	
(Column 1)		(Column 2)				
FOR	NUMBER FILED	NUMBER EXTRA			RATE	FEE
BASIC FEE (37 CFR 1.16(a))						\$ 0
TOTAL CLAIMS (37 CFR 1.16(c))		30	minus 20 =	* 10	x \$ 9 =	0
INDEPENDENT CLAIMS (37 CFR 1.16(b))		6	minus 3 =	* 3	x 42 =	0
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		0			+ 140 =	0
					TOTAL	0
					OR	TOTAL 1182
* If the difference in column 1 is less than zero, enter "0" in column 2						
CLAIMS AS AMENDED - PART II					SMALL ENTITY OR OTHER THAN SMALL ENTITY	
(Column 1)		(Column 2)		(Column 3)		
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA			
	Total (37 CFR 1.16(c))	*	Minus	** 20	= 0	
	Independent (37 CFR 1.16(b))	*	Minus	*** 3	= 0	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					
	TOTAL ADDIT. FEE 0					
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA			
	Total (37 CFR 1.16(c))	*	Minus	**	=	
	Independent (37 CFR 1.16(b))	*	Minus	***	=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					
	TOTAL ADDIT. FEE 0					
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA			
	Total (37 CFR 1.16(c))	*	Minus	**	=	
	Independent (37 CFR 1.16(b))	*	Minus	***	=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					
	TOTAL ADDIT. FEE 0					
<p>* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.</p> <p>** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".</p> <p>*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".</p> <p>The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.</p>						

SEND TO: Mail Stop - Patent Application
Commissioner For Patents
PO Box 1450, Alexandria, VA 22313-1450